

## ASYLUM SEEKERS INTEGRATED HEALTHCARE PATHWAY

Health Orientation Session Pilot: September - December 2012

Report Summary



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## ACKNOWLEDGMENTS

This report summarises the findings and results from the evaluation conducted of the *Asylum Seeker integrated healthcare pathway* sessions during the pilot phase of September to December 2012, and also provides recommendations for implementation of a sustainable model. The projects stakeholders South Eastern Melbourne Medicare Local (SEMML), Monash Health (MH) and Red Cross (RC) are acknowledged for their invaluable input into this report:

- Hannah Jakubenko – Red Cross
- Sophal Uoy – Red Cross
- Jacqui McBride – Monash Health
- Andrew Block – Monash Health
- I-Hao Cheng – South Eastern Melbourne Medicare Local
- Christine Crosbie – South Eastern Melbourne Medicare Local
- Mary Mathews – South Eastern Melbourne Medicare Local

A special acknowledgment is also extended to the asylum seekers that so kindly consented to be part of the evaluation strategy.

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## EXECUTIVE SUMMARY

In 2012 the increase in the number of people seeking asylum in Australia, as well as the significant numbers being released from Australian immigration detention facilities into the Greater Dandenong region of south eastern Melbourne, required an urgent and coordinated response to ensure local health services could meet the increased demand for health assistance. The collaborative approach and strategic responsiveness by the Red Cross (RC), South Eastern Melbourne Medicare Local (SEMML) and Monash Health (MH) resulted in the implementation of an innovative, *Asylum Seeker integrated healthcare pathway* that built on the Community Assistance and Support (CAS) program delivered by the RC.

The RC provides support for approximately 40 - 100 newly arrived asylum seekers with information sessions based in Dandenong on a fortnightly basis. These sessions include an orientation to living in the community, assistance to address health and social welfare concerns, and registration with essential services including Medicare. These sessions were utilised to establish the *Asylum Seeker integrated healthcare pathway sessions* that enabled on-site health professionals to screen and triage the health needs each asylum seeker, supported by on-site interpreters. Individuals screened were then offered a healthcare appointment at a private general practice or at the MH, Asylum Seeker and Refugee Health (AS&RH) clinic in Doveton. Where required, same day referral to the MH Dandenong Hospital Emergency Department was facilitated.

Session data was collated and analysed, attendances at pre-arranged appointments were tracked, and processes were established to monitor flow and procedures. From September to December 2012, six healthcare sessions were held with the following outcomes:

- 327 asylum seekers attended.
- 252 healthcare appointments were offered to asylum seekers living in the region - 150 (59%) with private general practice, and 102 (41%) with the MH, AS&RH clinic.
- 3 asylum seekers were referred to the Dandenong Hospital Emergency Department.
- 85% of asylum seekers requiring local care successfully attended primary health care service appointments within 2-3 weeks of arrival in Melbourne.

This *Asylum Seeker integrated healthcare pathway* has provided asylum seekers with an introduction to the Australian health system, delivered appropriate health services in a timely and culturally sensitive manner, and has helped to build individual capacity to use health services.

This report describes the integrated healthcare sessions for asylum seekers, summarises evaluation findings and details recommendations to be considered for embedding a sustainable model.

## CONTEXT

The Cities of Greater Dandenong and Casey are significant sites of asylum seeker settlement in Victoria. Currently, large numbers of asylum seekers are being released from Australian detention facilities and permitted to live in the community while their claims for asylum are being assessed. Approximately 50 asylum seekers are settling in this region each week, with numbers expected to increase through 2013. Furthermore, data from the top 10 Humanitarian Settlement Local Government Areas in Victoria shows the City of Greater Dandenong as being first, with the City of Casey being fourth in national intake.<sup>1</sup>

The RC and AMES Settlement have been contracted by the Department of Immigration and Citizenship (DIAC) to deliver the CAS program for asylum seekers. The RC provides an orientation session in Dandenong on a fortnightly to monthly basis. To be eligible for this program 'people need to hold a current bridging visa and have particularly high needs.'<sup>2</sup>

Asylum seekers suffer from significant levels of physical and mental health illness. These are often related to poverty and persecution in their country of origin, negative influences during migration, and the impact of immigration detention. They experience difficulties accessing healthcare services due to limited health literacy, language barriers, cultural differences and low socio-economic status. They can also experience homelessness, food insecurity and unemployment. This correlates with the findings discussed in the report by Cheng I-H., Russell G., Bailes M., Block A.<sup>3</sup> recommending that *'health service policy makers need to optimise the responsiveness of local primary healthcare services to people from refugee backgrounds. This need is likely to increase with the evolving demographic profile of the refugee community and their increasing utilisation of services over time.'*

From a primary health care perspective, our challenge is to link asylum seekers arriving in the south eastern region with appropriate healthcare services in a timely manner: to address immediate health concerns; to prevent unnecessary reliance on hospital services, especially Emergency Departments; as well as mitigate the risk of exposing the broader community to infectious diseases such as tuberculosis (TB).

The opportunity for health services to link in with the RC orientation sessions was identified, which led to a collaborative project, overseen by the project stakeholder group of SEMML, MH and Red Cross.

The project aimed to:

- develop and implement a sustainable integrated healthcare pathway, in partnership and consultation with key stakeholder services, that facilitates access to healthcare services for all arriving asylum seekers in south eastern Melbourne by the end of December 2012;
- establish an integrated healthcare team to assess 100% of newly arrived asylum seekers to the south eastern region;
- provide healthcare appointments as required that will introduce asylum seekers to local healthcare services and programs;
- evaluate the integrated healthcare sessions between September and December 2012; and
- identify relevant support systems and resources required to facilitate the implementation of an ongoing and sustainable model.

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<sup>1</sup> Summary information: Numbers of humanitarian & asylum seeker arrivals to Victoria, The Victorian Refugee Health Network, March 2013

<sup>2</sup> Red Cross, Community Assistance Support program description

<sup>3</sup> An evaluation of the primary healthcare needs of refugees in South East Metropolitan Melbourne, May 2011, p 10

## DESCRIPTION OF INITIATIVE

The integrated healthcare sessions consisted of three main stages, with the key features of each stage described below. See also *Integrated Healthcare Session Flowchart* – APPENDIX ONE

### 1. Pre-session preparation and coordination

- RC confirmed expected numbers and demographics of asylum seekers for each session.
- SEMML used this data to set up spreadsheet for registration and data entry.
- Based on this information, each agency determines and allocates human resources to facilitate and support the healthcare session as well as securing on-site interpreters.
- Pre-arranged GP and AS&RH clinic appointment times are pre-booked, based on expected numbers.
- Administrative preparation for the session: GP appointment letters printed, client and GP labels prepared, triage screening tool, translated privacy brochures, consent forms and feedback questionnaires printed.
- RC case workers prompt the asylum seekers to bring their health information record to the session.

### 2. Delivery of the integrated healthcare session

- Initial staff briefing across the three agencies is conducted and room set up.
- On-site interpreters (coordinated by RC) in attendance throughout the day.
- Asylum seekers register with RC and Medicare and introduced to the day's proceedings.
- Asylum seekers allocated to one of two groups – health screening or RC registration – for the morning session, then swapped after lunch.
- A separate registration desk set up for the healthcare assessment component and to obtain consent to sharing information; consent to being contacted at 3 and 6 months; and offer consultation with a doctor or nurse.
- SEMML and MH staff use a triage tool developed by the stakeholder group to assess healthcare needs.
- Those assessed as having complex needs and requiring more than one service are offered an appointment at the AS&RH clinic. Those assessed as less complex but with increased medical needs, or requiring immunisation only, are offered an appointment with private general practice. If required, referral to the MH Dandenong Hospital Emergency Department is also facilitated. Appointment letters, with information for the GPs as well as a map locating the practice is provided to asylum seekers.
- DIAC presents to both groups prior to lunch.
- At the end of the session feedback interviews are conducted with consenting asylum seekers.
- Data collection finalised, for reporting, evaluation and monitoring purposes.
- Debrief session to review processes and agree on any changes needed to improve efficiency.

### 3. Post healthcare session activities

- The following day, SEMML advises both MH and RC of scheduled appointments. This enables RC to identify asylum seekers that may need their assistance to attend appointments.
- SEMML advises participating general practices of the number of pre-arranged appointments filled – a communication template has been developed for this purpose.
- Data management is finalised to ensure all relevant data is captured for reporting and monitoring purposes.
- Completed triage tools faxed to the relevant services including GPs and AS&RH clinic to assist with the first healthcare appointment.
- Attendance at scheduled appointments tracked. Non-attendants followed up by RC or AS&RH clinic staff, with reason for non-attendance documented and new appointment scheduled if required.

## Summary of each agencies role

### a) Red Cross:

- Coordinate and advise number and details of expected asylum seekers the week prior to each session.
- Coordinate RC staff (case workers) for both the healthcare and CAS-specific information sessions.
- Coordinate Medicare and DIAC information sessions.
- Advise and remind clients of appointment details.
- Manage the flow of clients throughout the healthcare session.
- Coordinate the venue, including catering.
- Organise on-site interpreters

### b) South Eastern Melbourne Medicare Local

- Facilitate and coordinate the integrated healthcare sessions across the three services.
- Provide administrative staff to manage the appointments and data entry desks.
- Provide personnel for health screening (including GP).
- Organise the pre-arranged private general practice appointments; liaise with practice staff.
- Coordinate resources – printing of client spread sheet, client and GP labels, appointment letters, privacy brochure, consent forms, laptop for data entry purposes, faxing of completed triage tools, provision of finalised client spread sheet with appointment outcomes.

### c) Monash Health

- Provide the healthcare team – GP, nursing and allied health staff.
- Provide administrative team for the management of the registration and appointment desks.
- Coordinate equipment and medication.
- Prepare and coordinate AS&RH clinic appointments.
- Coordinate resources – printing of triage tools and consent forms.
- Conduct evaluation surveys with consenting asylum seekers utilising on-site interpreters.
- Facilitated referrals for ED.

## EVALUATION

A range of data was collected to enable process and initial impact evaluation against the project objectives.

Project Objectives	Performance Indicators	Data source / measurement
Establishment of an integrated healthcare pathway to assess 100% of newly arrived asylum seekers in the south eastern region	No. of relevant health service providers attending project working group	-Project meeting minutes
	Appropriately skilled health service providers recruited	-No. and type of health professionals on team
	Roles and tasks clearly defined for orientation day	-Project meeting minutes -Feedback from staff debrief sessions
	Development of flowchart and procedure manual	-Management observation -Feedback from staff debriefing sessions -Client feedback interview
	Asylum Seeker health needs assessed on arrival	-Via ARC spread sheet and triage tool
	Asylum Seeker experience of orientation day	-Face to face interview at conclusion of each integrated healthcare session
Provision of healthcare appointments as required that will introduce asylum seekers to local healthcare services and programs	Appropriately skilled GPs identified and engaged in projects	-Number of GPs engaged (relevant experience) -Feedback from participating GPs
	Asylum Seekers linked into appropriate primary health care services	-No. / % of appointments and with which agency -AS interviews
Asylum Seekers achieve and maintain optimum physical and mental health	Asylum Seekers receive appropriate and timely primary health care to meet immediate health needs	-No. / % attendance at appointments via spread sheet and GP/CHS follow up on appointments -AS interviews
	Asylum Seekers establish ongoing relationship with culturally sensitive GP	-No. /% still attending GP service after 6 months – via sample group interviews 3 & 6 months post orientation sessions
	Increase in Asylum Seeker knowledge of local primary care services	-Via sample group interviews 3 & 6 months post orientation sessions

Further contact will be made with the asylum seekers in 2013: their views will be sought on the extent to which the integrated healthcare sessions had a positive impact on their health and understanding of the healthcare system. The Southern Academic Primary Care Research Unit (SAPCRU) has a Bachelor of Medical Science student who will contribute to this work, commencing February 2013.

## RESULTS AND FINDINGS

A total of six integrated healthcare sessions were held over a thirteen week period between September and December 2012.

The following points summarise the results and findings:

- a total of 371 asylum seekers were scheduled to attend the sessions
  - 327 (88%) were screened and triaged
  - 43 did not attend the session (most living in rural Victoria)
  - one chose not to undergo the screening process
- a total of 252 appointments were offered
  - 150 (59%) were arranged with a private general practitioner
  - 102 (41%) were scheduled with the MH Asylum Seeker and Refugee Health clinic in Doveton (GP and/or refugee health nurse)
- a total of 61 screened asylum seekers were not offered appointments, however were followed up by the RC, as they were outside the south eastern catchment and appointments were scheduled for them closer to where they lived;
- asylum seekers that declined a service were advised to make contact with their RC case worker if in need of a healthcare appointment or further support; and
- the ARC followed up the asylum seekers that failed to attend the integrated healthcare sessions.

### Presenting Health Issues

The table below illustrates the top 10 presenting health issues across all age groups. The most common conditions include incomplete immunisation, dental, optometry and mental health (includes torture and trauma issues). Other presenting issues worth mentioning include ear, nose and throat conditions, gastrointestinal, musculoskeletal, infectious diseases (exposure to tuberculosis and hepatitis B) and skin conditions.

Presenting Issue	Number of instances
Immunisation	198
Dental	80
Mental Health	48
Tuberculosis Exposure	44
Musculoskeletal	42
Optometry	31
Skin Condition	18
Ear, nose and throat	17
Gastrointestinal	17
Hepatitis B	10

## Demographics

Of the 371 asylum seekers:

- 364 were males and 7 females
- 75% of the group was between 22 – 44 years of age, with 57% within the 22-34 year old age group and 18.5% between 35 - 44 years old.

## Country of Origin

The most frequently represented nationalities were from Afghanistan 43% and Sri Lanka at 22%.

Country of Origin	Percentage %
Afghanistan	43
Sri Lanka	22
Iran	16
Pakistan	10
Iraq	4
Stateless	3
Burma	1
Other	1

## Client feedback

Client feedback was sought on a voluntary basis. It was obtained via individual, face-to-face interviews and conducted with on-site interpreters.

Client feedback obtained at the conclusion of the healthcare pathway sessions indicated very high satisfaction levels with the initial health screening process as well as the appointment booking process. One client commented that it saved time for him otherwise he would have needed to make contact with the RC for the appointment. Another stated that the availability of a doctor and nurse on the day was very helpful and there were several positive comments made about the appointment information provided to the client. One client summarized their experience by stating, *'yes I think it was very good because I felt they cared for us because they asked a lot of questions about our health'*. Another client commented, *'the availability of a doctor and nurse on the day was very helpful because I needed a doctor's appointment and they gave me the appointment, the address and the appointment card.'*

Of the 57 respondents, 61% stated they were *very satisfied* with the initial health screening process and 54% were *very satisfied* with the provision of the healthcare appointment.

## Appointment Attendance rates

Scheduled appointments were generally well attended. The AS&RH clinic recorded an 84% attendance rate and private general practice attendance rates for the first three sessions saw an increase from 70% to 86%.

All 17 clients that did not attend their AS&RH clinic appointment were followed up, of which 15 reported having moved out the area or interstate. Clients that did not attend their private GP appointment were followed up by their RC case worker.

## CONCLUSION AND RECOMMENDATIONS

This cross-sectorial response (inclusive of government, not for profit and the private sector) has addressed significant asylum seeker health issues in a responsive and timely manner ensuring that clients access appropriate services. Asylum seekers who would normally struggle to access healthcare services due to poor understanding of the health system, language differences and little means to pay for services were connected with primary health care services within 2-3 weeks of arrival. This has facilitated an introduction to the Australian health system, and has also built individual capacity. Furthermore, organisations have gained a greater understanding of asylum seeker issues and needs, positioning themselves to appropriately respond and manage future healthcare demands.

This regional approach has resulted in a client-focused service delivery model that aims for optimal client outcomes, with a commitment to evaluation and research using combined resources.

### Recommendations

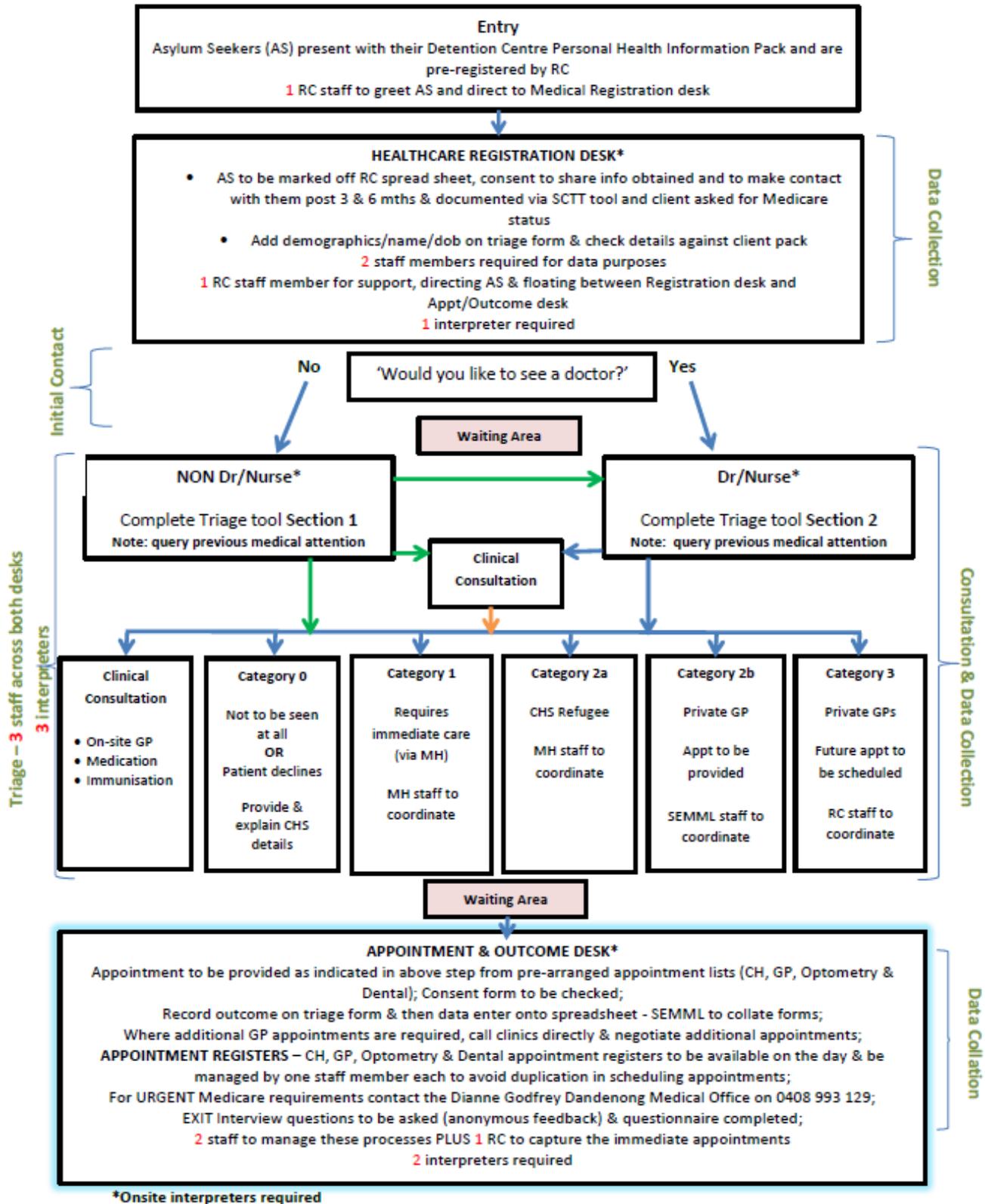
1. Operationally embed the integrated healthcare model in partnership with RC, SEMML and MH with SEMML continuing to provide a co-ordinating role in this process.
  - a) Ensure that resources (financial and human) are identified and allocated by each service to enable a sustainable model.
  - b) Identify key roles and core staffing groups that will ensure the model is supported at each session and the core make-up is identified and financially supported by each service, this includes pre-briefing before each session to identify key staff on the day.
  - c) Ensure the collective support and collaborative partnership continues as model becomes operational.
2. Ensure participating GPs are aware of other services to which that they can refer the asylum seekers (e.g., for counselling and mental health issues) and develop resources that capture the existing pathways and contact details. This type of information could be included in the web pages as resources for participating GPs.
  - a) Develop website with list of GPs and medical clinics willing to assist asylum seekers, for use by the RC, MH and other relevant agencies (maintained and updated by SEMML).
  - b) Develop relevant web pages that enable service providers to access resources such as billing process, proposed integrated healthcare pathway dates and importantly opportunity for other GPs to express an interest to participate in this model.
  - c) Identify other ways to expand current private GP listing and support those that express an interest in this area.
3. Explore opportunities to include other relevant welfare agencies to facilitate a broader integrated approach to ensure successful asylum seeker settlement.
4. Share learnings and identify opportunities for further improvements, together with the North Melbourne Red Cross office, which is coordinating similar sessions.
5. Streamline processes for reciprocal healthcare provision for out of catchment asylum seeker.

6. Explore option to use additional staff from other agencies for staffing the *Asylum Seeker integrated healthcare pathway* sessions (e.g. Mental Health, Dental and Optometry) – this will result in establishing and fostering relationships while building capacity across the region.
7. Continue to monitor appointment attendance rates paying particular attention to private GP appointments scheduled within one to two days post *Asylum Seeker integrated healthcare pathway* sessions.
8. Conduct individual client reviews post the *Asylum Seeker integrated healthcare pathway* sessions to obtain feedback from asylum seekers that had consented to be part of the evaluation survey.
9. Seek individual service provider feedback from the private GPs and practice managers that are presently involved in this model. This information could assist with identifying further improvements and seek their feedback on the type of resources they would find useful that can be included on the website (relates to Recommendation 2).
10. Identify and implement appropriate infection control processes, including staff screening, immunisation training/awareness and guidelines to support appropriate management of suspected infectious diseases during the *Asylum Seeker integrated healthcare pathway* sessions.
11. Identify process to support asylum seekers who do not have a Medicare card and require subsequent private GP appointments or their results from tests – work with RC to identify a suitable process that can support asylum seekers obtaining the necessary healthcare required.
12. Ensure approach is appropriate and that it is responsive to demand for example to include women and children; and that the model is generic enough for it to be applied to other current and emerging Healthcare issues.
13. Explore ways of increasing asylum seeker understanding of the use of the Australian health system, including health literacy and ensure learnings are translated from other similar initiatives and projects.

## APPENDIX ONE

### Integrated Health Care Session Flowchart

The following flowchart depicts the process flow for each integrated healthcare session as well as triage pathways.



## REFERENCES

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